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OF INTEREST TO CRIPPLED CHILDREN WORKERS

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This Bulletin is a monthly service of the National Society for Crippled Children to its affiliated societies and to its Institutional Members - hospitals, homes, schools, service groups, social work organizations, colleges and universities offering professional training for workers with the crippled, state agencies interested in prevention, treatment, education, or vocational rehabilitation, and interested lay and professional individuals.

Any publication listed or digested here may be borrowed free of charge from the Bureau of Information of the National Society. Bibliographies listing similar articles, or loan package libraries containing additional literature on any of the subjects discussed in these articles, will be sent to any crippled children worker or student on request.

We do not attempt to list or review here articles published in THE CRIPPLED CHILD Magazine or THE CRIPPLED CHILD BULLETIN, because all individuals and organizations receiving this Bulletin also receive these two periodicals and all other publications of the National Society as part of the privilege of their membership.

Further information on the work of the Society, on responsibilities and privileges of Institutional Membership, and on any other phase of work for crippled children will be sent upon request.

Lillian Dowdell, Librarian

Gooch, Marjorie, Sc. D. Crippling conditions found among children on state registers, December 31, 1939. Social-Statistics Supplement No. 4, June, 1940, to The Child, Vol. 4, No. 12. 15 pp.

This article, which is accompanied by tables and figures or charts, describes the registers of crippled children operated by official state agencies, and reports the statistics on the incidence of crippling conditions which are secured from these registers.

"The State registers of crippled children are growing; they gained 45 percent in 1939. ... On December 31, 1939, there were nearly 250,000 crippled children on the State registers. This represents an average rate of 5.0 per 1,000 of the population under 21.

"Seventy-six percent of these crippled children have been reported according to a simple diagnostic classification. The number of children on the registers because they have had poliomyelitis is ... 19 percent of the total number of crippled children registered. Ten percent of the crippled children registered have cerebral palsy; 7 percent, clubfoot; and 6 percent, osteomyelitis.

"Many crippling conditions continue over a long period of time, resulting in a concentration of crippled children in the older age groups of the registers. Of the children under 5 years of age clubfoot is the cause of crippling most prevalent, with harelip or cleft palate next in frequency. In all the older age groups poliomyelitis is the most frequent single cause of crippling."

Hilleboe, H. E., M.D. and Murdoch, Robert N. A statistical study of rate of increase of known crippled children in Minnesota, by counties for a two-year period, from 1937 to 1939. Quarterly Bulletin of the Bureau for Crippled Children, Minnesota Division of Social Welfare, January, 1940. Vol. 1, No. 8, pg. 14.

McIntire, J. Thomas. Cerebral birth palsy project, Babbitt Hospital, Vineland, New Jersey. State Crippled Children Commission, 732 Broad St. Bank Building, Trenton, New Jersey. 1940. Mimeographed. 8 pp.

A history and description of New Jersey's plan to treat and train its cerebral palsy children. Most of the work of this project at present centers about the Babbitt Hospital, an experimental unit of which the author is Psychologist and Officer-in-charge. The project also includes a continuous survey, about ten clinics a year in various sections of the state, an out-patient unit located in the A. Harry Moore School for Crippled Children in Jersey City, and a physical therapy personnel training program at Babbitt Hospital.

Revised statutes relating to the care, education and rehabilitation of crippled children - revised 1937, plus accumulated supplements. New Jersey Crippled Children Commission, Trenton, New Jersey. Mimeographed. 14 pp.

Seventeenth Annual Meeting, Pennsylvania Society for Crippled Children - Transcription of papers and discussion presented at Williamsport, May 17-18, 1940. Mimeographed. 56 pp.

Contains the following addresses: "Recreation," by Miss Mary E. Church (a description and history of the crippled children's camp operated by the Maryland League for Crippled Children); "Posture and Prevention," by Miss Orrie M. Westover, R.N.; "Psychology and the Crippled Child," by Dr. Robert G. Bernreuter (address devoted mainly to the need of special educational facilities in Pennsylvania); "What About Publicity," by Miss Vivian M. Hackett; "Treatment of the Crippled Child in Lycoming County," by Dr. Roy L. Simon; "Physiotherapy for the

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Outlying Case," by Dr. Jessie Wright; "Medical Social Service" by Miss Phyllis McCalmont; and "The County Society and the Rehabilitation Agent," by R. F. Lee Wolf.

(Note: Either the complete transcription of all the papers and discussion or any one or more of the papers included may be borrowed from the Bureau of Information of the National Society for Crippled Children.)

C R I P P L I N G C O N D I T I O N S

Chor, Herman, M.D. Nonspastic muscle disorders of infancy and childhood. The Physiotherapy Review, July-August, 1940. Vol. 20, No. 4, pg. 195.

Haas, V. H. and Armstrong, Charles. Immunity to the Lansing strain of poliomyelitis as revealed by the protection test in white mice. Public Health Reports, June 14, 1940. Vol. 55, No. 24, pg. 1061.

E D U C A T I O N

Bauer, Alexander H. The Gaenslen School for the Physically Handicapped. The American School Board Journal, July, 1940. Vol. 101, No. 1, pg. 41.

The Frederick J. Gaenslen School in Milwaukee opened January 1, 1940. Approximately 220 crippled children, including cardinals, are now enrolled, although the school has a total capacity at present of 300. Children are accepted for kindergarten, elementary school, and high school. X

This article describes the building, and is accompanied by nine illustrations and a reproduction of the floor plan. Among the special features described and pictured are the rest room, which accommodates over 100 cots at a time, the shops, art room, automatic elevator accommodating as many as 40 children at a time, physiotherapy room, corrective gymnasium, terrace for sun bathing, swimming pool with locker and dressing rooms and showers, combined auditorium and gymnasium, seating 450, combined lunchroom and library, seating 130, doctors' examination room, and the paved playground.

Bronson, Beatrice. Complete segregation of crippled children versus "sending out" pupils to regular classes. Journal of Exceptional Children, May, 1940. Vol. 6, No. 8, pg. 308.

In a survey of the 24 cities in Michigan providing special education of crippled children through orthopedic classes in regular public schools, the author found 10 where the orthopedic teacher supervises the crippled child's complete school day, but when possible sends the child into regular classes for one or more parts of the school program. This article shows the findings of this survey with regard to the attitude of the special and regular teachers toward the practice, the percentage of orthopedic pupils sent out to other classes, the criteria employed for the practice, and the extent of the curriculum so included.

"Fifty per cent of the cities reporting sent out from 6.6 to 75 per cent of their orthopedic pupils to certain classes, and not one found the method unsatisfactory. In fact the majority concluded that it was a highly profitable procedure. ... The orthopedic teacher, when following this plan, can give more time to individual instruction as well as more adequately handle a larger group.

"It is a worth-while program to help bridge the gap between either an over protective home or a segregated classroom and social, psychological, and economic competence."

Fintz, John E. Cooperation is the keynote of special education. Journal of Exceptional Children, May, 1940. Vol. 6, No. 8, pg. 304.

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The author states that "we do not operate schools for the deaf, crippled, blind, mentally atypical, but on the contrary we make every effort to operate a school system that provides opportunity for every child within its jurisdiction to acquire an education and training to the limit of his mental and physical level."

"The weaknesses of our organization are: 1. Intangibility and difficulty of measuring, or of recognizing many of the qualities of human material. 2. Isolation of special departments so that their work remains unknown. 3. Lack of familiarity of purpose concerning departments by heads of other units. 4. Lack of cooperation from other departments. 5. Reluctancy by those in special work to bring about a closer relationship. 6. Making special departments dumping grounds for incompetent teachers."

The author mentions, as obstacles to the growth and development of special education, the dearth of properly trained teachers, and the indifference of school administrators whose professional training included no instruction on the necessity of special educational facilities for the handicapped.

Koepfgen, Beatrice E. Serving and saving handicapped children. The American School Board Journal, July, 1940. Vol. 101, No. 1, pg. 45.

This article gives a complete description, illustrated by a reproduction of the floor plans and eight pictures, of the new Harold Upjohn School in Kalamazoo, Michigan. The school, opened in September, 1939, accepts all physically handicapped children - blind and partially-seeing, deaf and hard-of-hearing, lowered vitality groups, and the orthopedically crippled, including spastics and muscular dystrophy cases.

Among the special features of the building are the fatigue rooms, library, clinic room, playroom and outdoor roof balcony, workrooms, greenhouse, kitchen and food classroom (with dual ventilating system allowing for complete change of air within a few minutes' time by pressure of a button), special treatment room, and pool.

HOSPITALIZATION

Phenix, Florence L. Relationship between the hospital and state crippled children's program. Hospitals, July, 1940. Vol. 14, No. 7, pg. 118.

"... I should like to suggest that the administrative relationship between hospitals and state crippled child programs will vary among the states. The one constant factor is the child to be served. He can be served well only when his total needs, after he leaves the hospital, are considered in his physician's recommendation for care and supervision. These recommendations should include information and instructions regarding extent of disability, wearing of braces, restriction of or capacity for activities, treatment to be followed at home until date set for re-examination, the ultimate goal toward which recommended care is directed. ..."

"I would give voice to the plea that the program of patient education by the hospital be broadened so that the patient is taught to live intelligently and independently within his own home, insofar as his capacities permit, after his discharge from the institution."

VOCATIONAL TRAINING AND PLACEMENT

Buller, Dame Georgiana, D.B.E., R.R.C., J.P. The re-making of men. News Letter of the Central Council for the Care of Cripples, April, 1940. pg. 3.

The author proposes the establishment of Rehabilitation Centres (in England) to meet the problem of the cripple who has been discharged from the orthopedic

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hospital or clinic, but still needs occupational therapy, vocational training, and/or placement in suitable employment. She gives the following plan as a "picture of the ideal scheme as experience is shaping it":

"1. An Occupational Therapy (or remedial work) Department. This work will be based on handicrafts of various kinds in workrooms containing specially adapted apparatus, as well as on the various other activities of the whole unit. ...

2. A Vocational Training Department comprising a series of workshops equipped with up-to-date plant, a lecture room, a school room and a well furnished technical library.

3. Sheltered Workshops, i.e., a production side giving scope for the permanent employment of trainees taken on to the pay roll of the undertaking instead of being discharged to employment outside. The workers so employed will not as a rule remain resident in the Centre, being normally capable of going to and from their work from outside. ...

4. Hostels for residents of both sexes and a canteen for non-residents.

5. Ample indoor and outdoor recreational facilities, including a swimming bath.

6. A small medical block consisting of Surgeon's examination rooms, massage department and sick bay for minor ailments only.

7. A workshop for repairing and adapting surgical appliances.

8. A Central Advice Bureau open not only to attendants at the Centre but to all disabled people in the region which it serves. ... A man should be able to get information as to the prospects of his return to his original employment. The type of alternative work he should aim at and whether or not special training for it is advisable, if so how to get it. The reasons for or against the kind of work he would like to become fitted for; help in obtaining work and subsequently, if he is permanently disabled, advice in the various special difficulties which from time to time confront the cripple on return to normal life.

"In the scheme I visualize a number of such Rehabilitation Centres would be established, each primarily serving its own area but working in collaboration with all. They would be closely linked, on the one hand with the hospitals, since all occupational therapy patients would remain under the supervision of their original surgeon and any trainee needing further treatment would return to his original hospital. And on the other hand with industry, by whose requirements the type and standard of vocational training would be shaped.

"Through the Advice Bureau suitable applicants would be passed on to the various other activities for cripples welfare; the long-term craft training college, the residential colony, the workrooms and industries for the home-bound cripple. I am inclined to believe that the linking up of the last mentioned with the production side of the Rehabilitation Centre, may, in some cases, offer the best chance of achieving something approaching economic employment for the home-bound worker.

"... Many years ago we recognized that, to achieve adequate treatment for the cripple, the country must be covered by a net-work of orthopedic hospitals with their associated clinics. Local Voluntary Associations for cripples' welfare next took their place in the picture. Now the regional Centres come to complete it and ensure the ultimate aim. That of bringing to every crippled person the chance of complete restoration in the shortest possible time, and, failing that, the opportunity to use to the full, the powers that remain to him, for his own and the community's benefit."

Intro Placement Service, Sponsored by the Rotary Club of New York and the Institute for the Crippled and Disabled, First Annual Report for the Twelve Months Ended September 30, 1939.

Intro Placement Service was organized to cooperate with, and supplement the work of, the Bureau for the Handicapped of the New York State Employment Service. This first annual report was prepared, not only for the information of members of the two sponsoring organizations, but also as "propaganda" directed at businessmen whom they hope to interest in the employment of the handicapped. It tells the history, purposes, and functions of the service.

The report shows that during the first year, Intro employed a placement secretary and one office assistant. Besides contacting potential employers personally, they issued monthly a "reminder" entitled, "This 'n That for the Busy Man." Of the 565 cases registered during the first year, 164 were placed in employment, and 90 more informed the Service they had found work.

Palmer, Jane H. Junior placement: A survey of junior-placement offices in public employment centers and in public-school systems of the United States. Children's Bureau, U. S. Department of Labor. Bureau Publication No. 256, 1940. Government Printing Office, Washington, D. C. 133 pp. (see pp. 109-112)

The following is a condensation of a sub-section of this booklet entitled, "Handicapped Applicants":

"... Only in the largest offices was the number of handicapped applicants great enough to warrant the introduction of special placement procedures for them. The junior offices in Cincinnati, the District of Columbia, New York City, Philadelphia, and Rochester ... each maintained specialists on their staffs who were responsible for at least part of the work with handicapped applicants. ... In most respects all five offices observed the same general principles in their work with handicapped children, and the program of the New York City service illustrates these basic policies.

"Junior counselors in New York City were responsible for singling out all handicapped applicants, including those whose disabilities appeared to be slight, and for referring them to the specialists. ... Most handicapped applicants ... were referred to the division for the handicapped only after they had returned to the office for reinterview and were somewhat accustomed to its procedures.

"The specialist for the handicapped, after conferring with the applicant and investigating any medical records which might be available through doctors and clinics, was responsible for deciding which applicants so referred had health problems serious enough to warrant special consideration in connection with placement. All those registrants whose handicaps were found not sufficiently grave to interfere with placement ... were referred back to the junior division. A second large group with somewhat more serious disabilities, such as some types of orthopedic handicaps and heart disease, was also referred back for placement through the regular channels; in the case of each of these applicants, however, the specialists made the assignment of occupational classifications in which they felt placement could be made without injury to health, and they kept in touch with the applicant's progress. ...

"The registrations of a third group of handicapped applicants, whose placement was likely to require a great deal of care and judgment, were retained by specialists for intensive work. This group included deaf mutes and those who used crutches, suffered from progressive myopia, or had other serious disabilities. ...

"The registration of an applicant with a serious handicap frequently necessitated a careful study of his physical condition and special abilities and the development of plans for retraining him in suitable work before he could be considered ready for placement. ...

"Unlike most of the solicitation done by junior counselors, solicitation of openings for handicapped applicants was usually done with the individual applicant in mind. Specialists for the handicapped spent considerably more of their time in solicitation than did other placement workers and, since their placements were made with a relatively small group of cooperating employers, they also made greater use of the telephone in soliciting openings from employers who had accepted handicapped applicants in the past.

"Placements were never made until exact conditions of work had been ascertained, usually by visit to the establishment. Thereafter, particular emphasis was placed on follow-up, because of the possibility that the job might prove eventually to include duties that were not stipulated by the employer at the time he placed the order and that it might be unwise for the employee to undertake. ..."

Periodicals

- The American School Board Journal, 540 N. Milwaukee St., Milwaukee, Wis. Monthly. \$3.00 per year; 35¢ per copy.
- The Child, Supt. of Documents, Govt. Printing Office, Washington, D. C. Monthly. \$1.00 per year; 10¢ per copy.
- Hospitals, 18 East Division St., Chicago, Illinois. Monthly. \$3.00 per year.
- Journal of Exceptional Children, 1221 Boston Ave., Flint, Mich. Monthly, October to May, inclusive. 30¢ per copy.
- News Letter of Central Council for Care of Cripples, 34, Eccleston Square, London, S. W. 1, England. Quarterly. Price per copy, 2d.
- The Physiotherapy Review, 737 N. Michigan Ave., Chicago. Bimonthly. \$2.50 per year; 50¢ per copy.
- Public Health Reports, Government Printing Office, Washington, D. C. Weekly. \$2.50 per year; 5¢ per copy.